

032904

13281
1584 U S P T O
032904
**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 250912US0

First Inventor or Application Identifier Shinichi KOJIMA

Title DENTAL COMPOSITION

1584 U S P T O
032904**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents

1. Fee Transmittal Form (e.g. PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. Specification Total Sheets 35
3. Drawing(s) (35 U.S.C. 113) Total Sheets
4. Oath or Declaration Total Pages
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 C.F.R. §1.63(d))
(for continuation/divisional with box 17 completed)
 - i. DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).
5. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. Computer Readable Form (CRF)
 - b. Specification or Sequence Listing on :
 - i. CD-ROM or CD-R (2 copies); or
 - ii. Paper
 - c. Statements verifying identity of above copies

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

 Continuation Divisional Continuation-in-part (CIP) of prior application no.:

Prior application information: Examiner: Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

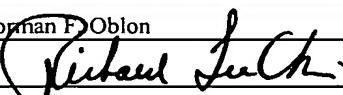
18. CORRESPONDENCE ADDRESS

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Docket No. 250912US0

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Shinichi KOJIMA, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: DENTAL COMPOSITION

FEES TRANSMITTAL

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ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	6 - 20 =	0	x \$18 =	\$0.00
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			TOTAL OF ABOVE CALCULATIONS	\$1,190.00
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			TOTAL	\$1,190.00

Please charge Deposit Account No. 15-0030 in the amount of **\$0.00** A duplicate copy of this sheet is enclosed.

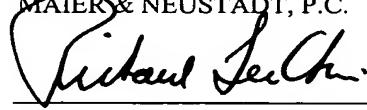
A check in the amount of **\$1,190.00** to cover the filing fee is enclosed.

Credit card payment form is attached to cover the filing fee in the amount of **\$0.00**

The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

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